

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA**

**FILED**

JUL - 8 2008

**RICHARD W. WIEKING**  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

John Good

Plaintiff

vs. GO BORROSO  
RN MIKE BARKER  
DR ROBERT BOWMAN  
Defendant

**APPLICATION TO PROCEED  
IN FORMA PAUPERIS  
BY A PRISONER**

CASE NUMBER:

CV 08

3285

PJH

I, John Good

declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated: ☒ Yes ☐ No (If "No" DO NOT USE THIS FORM)

If "Yes" state the place of your incarceration. SILINAS VALLEY STATE PRISON

Have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account statement showing transactions for the past six months.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes" state the amount of your pay.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period, and the name and address of your last employer.

6-23-08 PO Box 1050 Soledad CA 93960 SILINAS VALLEY STATE PRISON  
MR MENDEZ LANDSCAPEING EDUCATION CLASS

3. In the past twelve months have you received any money from any of the following sources?

- |   |                              |  |
|---|------------------------------|--|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe by that item each source of money and state the amount received **and** what you expect you will continue to receive. Please attach an additional sheet if necessary.

COPIED AT STATE EXPENSE  
COPIER #00426

COPIED AT STATE EXPENSE  
COPIER #00426

4: Do you have cash or checking or savings accounts?

☐ Yes☒ No

**Salinas Valley  
State Prison**

If "Yes" state the total amount: \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

☐ Yes☒ No

If "Yes" describe the property and state its value. \_\_\_\_\_

6. Do you have any other assets?

☐ Yes☒ No

If "Yes" list the asset(s) and state the value of each asset listed.

7. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I hereby authorize the agency having custody of me to collect from my trust account and forward to Clerk of the United States District Court payments in accordance with 28 U.S.C. § 1915(b)(2).

I declare under penalty of perjury that the above information is true and correct.

6-29-08

DATE \_\_\_\_\_

  
SIGNATURE

SIGNATURE OF APPLICANT

# CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 0 on account to his/her credit at

SILINAS VALLEY STATE PRISON (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ 0. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$ 0.

(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months.)

CDC STAFF WOULD NOT SIGN SEE OTHER  
CERTIFICATE OF TRUST ACCOUNT

DATE \_\_\_\_\_

SIGNATURE OF AUTHORIZED OFFICER

COPIED AT STATE EXPENSE  
COPIER #00426

Q.C. MEDICAL STATISTICS DEPARTMENT  
COUNTY HEALTH DEPARTMENT

PLEASE BE  
ADVISED

Case Number: \_\_\_\_\_

IVE TRYPED TO GET THIS SIGNED BY STAFF HERE AT THE PRISON TO SIGN THIS FROM 6-25-08 6-26-08 6-27 6-28 6-29 - 6-30 NO FIRST SECOUND OR THIRD WATCH OFFICERS WANTED TO SIGN NOR DID THE SGT OF E YARD HERE AT SALINAS VALLEY STATE PRISON IVE ALSO PUT THIS IN THE MAIL TO THE TRUST OFFICE AND IT HAS CAME BACK ON 2 SEPARATE OCCATIONS UNSIGNED THEY THE TRUST OFFICE SENT ME A TRUST STATEMENT FOR THE LAST 6 MONTHS SVSP HAS DELAYED AND DELAYED AND I PAROLE JULY 8TH AND WANT THIS FILED BEFORE I PAROLE CDC HAS ATTEMPTED TO BLOCK MY ACCESS TO THE COURTS WITH ALL THE DELAYS THE CCI COUNSELOR HAS ALSO REFUSED TO PLEASE CALL TO VARIF MY ACCOUNT STATEMENT IN VARIF MY ACCOUNT

CERTIFICATE OF FUNDS

PRISONER'S ACCOUNT

THANK YOU

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of \_\_\_\_\_ for the last six months at

**SALINAS VALLEY STATE PRISON  
ACCOUNTING DEPARTMENT  
P.O. BOX 1020  
SOLEDAD, CA 93960-1020**

[prisoner name]

\_\_\_\_\_ where (s) he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ \_\_\_\_\_ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ \_\_\_\_\_.

Dated: \_\_\_\_\_

[Authorized officer of the institution]

CALIFORNIA DEPARTMENT OF CORRECTIONS  
SANTAS VALLEY STATE PRISON  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 01, 2008 THRU JUN. 17, 2008

ACCOUNT NUMBER : T82633 BED/CELL NUMBER: FEB10000000000885  
ACCOUNT NAME : GOOD, JOHN CLARK ACCOUNT TYPE: I  
PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
05/21/2008	H114	COPAY FEE, MED.	2962DCOPAY	5.00
06/13/2008	H110	COPIES HOLD	3170 COPY	1.60

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	6.60	0.00

CURRENT AVAILABLE BALANCE

6.60-

*copy*

Santas Valley  
State Prison

*copy*